MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 10/540149

FILING DATE

AFTER
2 AMENDMENT
IND. DEP.

1	(FOR USE WITH FORM PTO-875)								APPLICANT(S)					
		(. 51. 0	OF WILL	IFURM	10-8/5		CLAIN		11(3)				_	
	ASI	ZII ED	AI	AFTER		AFTER		1			T		_	
l	AS FILED		I [*] AMI	I AMENDMENT		2 AMENDMENT			ASF	TILED	AF I AME	TER	K	
 	IND.	DEP.	IND.	DEP.	IND.	DEP.]		IND.	DEP.	IND.	DEP.	1	
1 2	 -	 	-			 		51					†	
3		 	1	 	l	 	1	52 53	 				1	
4						 	1	54	 	 		 	4	
5	 	ļ					1	55		 		 	╂	
7	-	 	 	├	 		1	56					t	
8	1	 	 	 	 	 	ł	57	 				1	
9			,	 			1	<u>58</u> 59	 	ļ		<u> </u>	1	
10	 _						1	60	 			 	╂	
11 12	 	 	<u> </u>	<u> </u>			1	61					ł	
13	 	 	 			 	•	62					t	
14	 		f	 		 	1	63					1	
15						 	ł	64 -					ļ	
16	ļ							66					ł	
17	 	·	<u> </u>					67					ł	
18 19	1	 						68					t	
20			 	-		<u> </u>		69						
21								70 71					L	
22								72					Ł	
23								73					ŀ	
24.	ļ							74					ŀ	
25 26	 		ļ					75					T	
27								76						
28								77 78					L	
29								79					ŀ	
30			· ·					80					ŀ	
31 32								81					Γ	
33		~						82					L	
34								83 84					L	
35								85					H	
36								86					H	
37 38	 							87					L	
39					 			88					Ĺ	
40							į	89 90					H	
41								91					\vdash	
42	<u> </u>				·			92					r	
43		}						93						
45								94 95					L	
46								95					<u> </u>	
47							}	97					-	
48								98					Γ	
49 50								99					Ë	
	 		4	 1				100					_	
TOTAL IND.		4	جًا	4		4	j	TOTAL IND.]	4		4		
TOTAL DEP	· 1	P. Described	<u> </u>	45 5000000	I.	4 2	Ì	TOTAL DEP	r:	4	·	44	_	
CLAIMS			9				- E	TOTAL CLAIMS	i					

U.S. DEPARTMENT of COMMERCE

PTO - 1360 (REV. 11/04)